

OFFICE OF THE CLERK  
**UNITED STATES DISTRICT COURT**  
DISTRICT OF DELAWARE

Peter T. Dalleo  
CLERK OF COURT

LOCKBOX 18  
844 KING STREET  
U.S. COURTHOUSE  
WILMINGTON, DELAWARE 19801  
(302) 573-6170

January 25, 2006

TO: Donald Dailey, Sr.  
SBI #257458  
Sussex Correctional Institution  
P.O. Box 500  
Georgetown, DE 19947

**RE: Return of Check #44072 dated 12/1/2005**

Check No. 44072, issued on 12/1/05 by SCI in the amount of \$150.00, which accompanied the filing of your complaint, CA 05-848 JJF, is returned without action.

Be advised that the full filing fee for a civil action (complaint) filed in U.S. District Court is \$250.00, pursuant to 28 U.S.C. § 1914. In the next thirty (30) days, you must either submit payment of the full \$250.00 filing fee, OR, pursuant to 28 U.S.C. § 1915, you must provide an IFP application, along with a certified copy of the trust fund account statement which indicates your daily balances for the six month period immediately preceding the filing of your complaint.


A blank IFP application form accompanied the Court's order dated 12/16/05. Another copy of the IFP form is attached to this letter.

Nothing contained in this letter is intended to express an opinion as to the merits of any claims you may be alleging.

Sincerely,

/rbe

BY



Deputy Clerk

PETER T. DALLEO  
CLERK

Attachments:

as noted

cc: The Honorable Joseph J. Farnan, Jr. CA 05-848 JJF  
Financial Administrator  
NR

COPY

44072	
DATE 12-01-05	
62-9/311	
VOID AFTER 90 DAYS	
DOLLARS \$	
150.00	
VOID AFTER 90 DAYS	
Phyllis Redden	
Michael J. Dailey	
FOR 257458 D Dailey	
WILMINGTON TRUST Wilmington, Delaware	
SUSSEX CORRECTIONAL INSTITUTION INMATE ACCOUNT P.O. BOX 500 GEORGETOWN, DE 19947	
PAY TO THE ORDER OF Clerk, U.S. District Court	

**UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE**

\_\_\_\_\_  
Plaintiff

V.

\_\_\_\_\_  
Defendant(s)

**APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT**

CASE NUMBER: \_\_\_\_\_

I, \_\_\_\_\_ declare that I am the (check appropriate box)

☐ Petitioner/Plaintiff/Movant      ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration \_\_\_\_\_

**Inmate Identification Number (Required):** \_\_\_\_\_

Are you employed at the institution? \_\_\_\_\_ Do you receive any payment from the institution? \_\_\_\_\_

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☐ Yes ☐ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received *AND* what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)  
DELAWARE (Rev. 4/05)

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4. Do you have any cash or checking or savings accounts? ☐ Yes ☐ No

If "Yes" state the total amount \$ \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

☐ Yes ☐ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

I declare under penalty of perjury that the above information is true and correct.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.